

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
SOUTHERN DIVISION**

MARY BETH BRACKIN,)
Plaintiff,)
v.) Case No. 1:05-CV-1172-MEF
CITY OF DOTTHAN and JUDGE)
ROSE EVANS-GORDON,)
Defendants.)

**DEFENDANTS' NOTICE OF FILING
REDACTED EXHIBITS**

Pursuant to the Court's Order of February 25, 2008, Defendants hereby file the following redacted Exhibits with the Court:

1. Martin Deposition—Def. Exhibit 6 and Def. Exhibits 11 – 14.
2. Brackin Deposition—Def. Exhibits 27, 28 and 29.

These redacted Exhibits are attached herewith.

Respectfully submitted,

/s/ Carol Sue Nelson

Carol Sue Nelson
One of the Attorneys for Defendants

OF COUNSEL:

Maynard, Cooper & Gale, PC
1901 Sixth Avenue North
2400 Regions/Harbert Plaza
Birmingham, Alabama 35203
Phone: (205) 254-1000
Fax: (205) 254-1999

CERTIFICATE OF SERVICE

I hereby certify that on February 27, 2008, I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system which will send notification of such filing to the following:

Ishmael Jaffree, Esq.
800 Downtowner Blvd.
Suite 106 B
Mobile, Alabama

/s/ Carol Sue Nelson

OF COUNSEL

MARTIN DEPOSITION

DEFENDANTS'
EXHIBITS 6, 11-14

a Control number			OMB No. 1545-0008	This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.			
b Employer identification number				1 Wages, tips, other compensation 26618.60	2 Federal income tax withheld 1549.37		
c Employer's name, address, and ZIP code Legal Services Corporation of Alabama 207 Montgomery Street Suite 500 Montgomery, AL 36104				3 Social security wages 26878.60	4 Social security tax withheld 1666.46		
d Employee's social security number 1061				5 Medicare wages and tips 26878.60	6 Medicare tax withheld 389.82		
e Employee's first name and initial Nancy C Last name Martin				7 Social security tips	8 Allocated tips		
f Employee's address and ZIP code Dothan AL				9 Advance EIC payment	10 Dependent care benefits		
15 State AL	Employer's state ID number	16 State wages, tips, etc. 26618.60	17 State income tax 793.45	18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

W-2 Wage and Tax Statement

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B) or Copy 2 to be Filed With Employee's State, City or Local Income Tax Return

2002

(Rev. February 2002)

Department of the Treasury—Internal Revenue Service

Safe, accurate,
FAST! Use



Form 1040

Department of the Treasury--Internal Revenue Service

U.S. Individual Income Tax Return

2003

(99) IRS Use Only—Do not write or staple in this space.

Label

(See instructions on page 19.)

Use the IRS label.
Otherwise, please print or type.Presidential
Election Campaign
(See page 19.)

Filing Status

Check only one box.

L A B E L H E R E	Your first name and initial JIM V	Last name MARTIN	
	If a joint return, spouse's first name and initial NANCY C	Last name MARTIN	
	Home address (number and street). If you have a P.O. box, see page 19. DOOTHAN, AL		Apt. no.
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 19.		

Your social security number

-1567

Spouse's social security number

-1061

IMPORTANT!

You must enter your SSN(s) above.

Note. Checking "Yes" will not change your tax or reduce your refund.
Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ▶

You	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/>	No	Spouse	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/>	No
-----	------------------------------	-------------------------------------	----	--------	------------------------------	-------------------------------------	----

4 Head of household (with qualifying person). (See page 20.)

If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 Qualifying widow(er) with dependent child. (See page 20.)

Exemptions

If more than five dependents, see page 21.

6a	<input checked="" type="checkbox"/> Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a	} No. of boxes checked on 6a and 6b	} No. of children on 6c who:	
b	<input checked="" type="checkbox"/> Spouse			
c	Dependents: (1) First Name _____ Last Name _____	(2) Dependent's social security number _____	(3) Dependent's relationship to you _____	(4) <input type="checkbox"/> If qualifying child for child tax credit (see pg 21)
d	Total number of exemptions claimed			

2

0

0

0

0

Add numbers on lines above ▶

2

Income

Attach Forms W-2 and, W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 22.

ROLLOVER

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	44190
8a	Taxable interest. Attach Schedule B if required	8a	56
b	Tax-exempt interest. DO NOT include on line 8a.	8b	
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends (see page 23)	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 23)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	-2367
13a	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13a	
b	If box on 13a is checked enter post-May 5 capital gain distributions	13b	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	b Taxable amount (see page 25)
16a	Pensions and annuities	16a	8199 b Taxable amount (see page 25)
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	b Taxable amount (see page 27)
21	Other income. List type and amount (see page 27)	21	
22	Add the amounts in the far right column for lines 7 - 21. This is your total income ▶	22	56695

Adjusted Gross Income

23	Educator expenses (see page 29)	23	
24	IRA deduction (see page 29)	24	
25	Student loan interest deduction (see page 31)	25	
26	Tuition and fees deduction (see page 32)	26	
27	Moving expenses. Attach Form 3903	27	
28	One-half of self-employment tax. Attach Schedule SE	28	
29	Self-employed health insurance deduction (see page 33)	29	
30	Self-employed SEP, SIMPLE and qualified plans	30	
31	Penalty on early withdrawal of savings	31	
32a	Alimony paid. b Recipient's SSN ▶	32a	
33	Add lines 23 through 32a	33	162
34	Subtract line 33 from line 22. This is your adjusted gross income ▶	34	56533

CLIENT'S COPY

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)		2004	OMB No. 1545-0008
a Control number	1 Wages, tips, other comp. 23605.77	2 Federal income tax withheld 1577.11	
b Employer ID number	3 Social security wages 25458.20	4 Social security tax withheld 1578.44	
	5 Medicare wages and tips 25458.20	6 Medicare tax withheld 369.10	
c Employer's name, address, and ZIP code CITY OF DOTHAN, ALABAMA 126 N ST ANDREWS DOTHAN S.S. 0441 AL 363034838			
d Employee's social security number 1061			
e Employee's name, address, and ZIP code NANCY C MARTIN			
DOTHAN AL			
7 Social security tips		8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits		11 Nonqualified plans	12a Code See inst. for box 12
13 Statutory employee	14 Other PE INS	1852.43	12b Code
Retirement plan <input checked="" type="checkbox"/>		1323.00	12c Code
Third-party sick pay			12d Code
AL	25458.20	875.75	
15 State Employer's state I.D. #	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 41-1628061 Dept. of the Treasury - IRS
 This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

FORM 1099-G

STATE OF ALABAMA
DEPARTMENT OF INDUSTRIAL RELATIONS
UNEMPLOYMENT COMPENSATION AGENCY
MONTGOMERY, ALABAMA 36131

IMPORTANT TAX DOCUMENT

NANCY C MARTIN

DOOTHAN, AL

Payer's Name, Street, City, State, and ZIP Code STATE OF ALABAMA DEPARTMENT OF INDUSTRIAL RELATIONS UNEMPLOYMENT COMPENSATION AGENCY 649 MONROE STREET MONTGOMERY, AL 36131		Certain Government Payments			
<table border="1"> <tr> <td>Recipient's Identification Number -1061</td> <td>1 Unemployment Compensation 2,200.00</td> </tr> </table>		Recipient's Identification Number -1061	1 Unemployment Compensation 2,200.00	OMB No. 1545-0120 2004	Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Recipient's Identification Number -1061	1 Unemployment Compensation 2,200.00				
Recipient's Name (first, middle, last) & Address NANCY C MARTIN DOOTHAN, AL		4 Federal Income Tax Withheld [REDACTED] 00			
FEIN: [REDACTED]		Form 1099G			
Account Number (optional)					

Instructions to Recipient

Box 1 - Shows the total unemployment compensation paid to you this year by the payer. This amount is taxable income to you. For more information, see the instructions for your Federal income tax return.

Box 4- Shows the total amount of withholding you requested on unemployment compensation paid to you this year by the payer.

SSID No. 2545-0000

Central Number	1. Wages, tips, other compensation 8609.34	2. Federal income tax withheld 362.85
5. Employer identification number	3. Social security wages 8609.34	4. Social security tax withheld 533.78
6. Employee's social security number 1061	5. Nonfederal wages and tips 8609.34	6. Nonfederal tax withheld 124.84

6. Employer's name, address and ZIP code

MOVIE GALLERY SERVICES, INC.
900 WEST MAIN ST
DOTHAN, AL 36301

7. Social security tip	8. Allocated tips	9. Advance EIC payment
10. Dependent care benefits	11. Marital/family plan	12. Date Rate Code
13. Date Rate Code	14. Date Rate Code	15. Date Rate Code
12. Employee Retirement Plan Employee Plan Third Party Soc. Sec. Pay	14. \$125	369.00

7. Employee's name, address and ZIP code

NANCY C MARTIN**DOOTHAN, AL**

15. STATE 2005	16. STATE AL	Employer's state I.D. no. -----	17. STATE WAGES, TIPS, ETC. 8609.34
W-2		18. STATE INCOME TAX 265.55	19. LOCAL WAGES, TIPS, ETC. -----
Wage and Tax Statement Copy C For EMPLOYEES RECORDS (See Notice to Employee on Back of Copy B.) This information is being furnished to Internal Revenue Service. It may be required to file a tax return, a duplicate copy of other documents may be required on your part before the tax year end date set by Internal Revenue Service and you will be liable for it.		20. LOCAL INCOME TAX -----	21. LOCAL TAX -----

Department of the Treasury—Internal Revenue Service

STATE OF ALABAMA
DEPARTMENT OF INDUSTRIAL RELATIONS
UNEMPLOYMENT COMPENSATION AGENCY
MONTGOMERY, ALABAMA 36131

IMPORTANT TAX DOCUMENT

NANCY C MARTIN

DOTHAN, AL

Payer's Name, Street, City, State, and ZIP Code STATE OF ALABAMA DEPARTMENT OF INDUSTRIAL RELATIONS UNEMPLOYMENT COMPENSATION AGENCY 645 MONROE STREET MONTGOMERY, AL 36131		Certain Government Payments	
Recipient's Identification Number -1061		1 Unemployment Compensation 3,520.00	GMB No. 1545-0120 2005
Recipient's Name (first, middle, last) & Address NANCY C MARTIN DOTHAN, AL		4 Federal Income Tax Withheld 352.00	5 ATAA Payments FEIN: 630674968
Account Number (optional)		Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	

Form 1099-G

Department of the Treasury - Internal Revenue Service

Instructions to Recipient

Box 1— Shows the total unemployment compensation paid to you this year by the payer. This amount is taxable income to you. For more information, see the instructions for your Federal income tax return.

Box 4— Shows the total amount of withholding you requested on unemployment compensation paid to you this year by the payer.

Box 5— Shows the total amount of ATAA paid to this year by the payer.

OMB No. 1545-0002

a Control Number	1 Wages, tips, other compensation 28918.27	2 Federal income tax withheld 1866.75
b Employer identification number	3 Social security wages 29012.67	4 Social security tax withheld 1798.79
c Employee's social security number -1061	5 Medicare wages and tips 29012.67	6 Medicare tax withheld 420.68

e Employer's name, address and ZIP code

MOVIE GALLERY US, LLC
900 WEST MAIN STREET
DOOTHAN AL 36301

7 Social security tips	8 Allocated tips	9 Advance E&C payment
10 Dependent care benefits	11 Nonqualified plan(s)	12a 9 Co D 94.40
12b X	12c 9 Co	12d 9 Co
13 Statutory Retirement Plan	14	
		X

e Employee's name, address and ZIP code**NANCY C MARTIN****DOOTHAN AL**

2006	15 State AL	Employer's state I.D. no. -----	16 State wages, tips, etc. 28918.27
E	W-2		
Wage and Tax Statement Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.) <small>The information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.</small>			
17. State income tax 981.90			
18. Local wages, tips, etc. -----			
19. Local income tax -----			
20. Locality name -----			

Department of the Treasury - Internal Revenue Service

Safe, accurate,
FAST! Use

OMB No. 1545-0008

Form W-2 Wage and Tax Statement 2006

7 Social security tips	1 Wages, tips, other compensation 657.84	2 Federal income tax withheld 9.28
8 Allocated tips	3 Social security wages 657.84	4 Social security tax withheld 40.79
9 Advance EIC payment	5 Medicare wages and tips 657.84	6 Medicare tax withheld 9.54

e. Employer's name, address, and ZIP code

BELK, INC.
2801 WEST TYVOLA ROAD
CHARLOTTE NC 28217-4500

10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
b Employer identification number (EIN)		12b
d Employee's social security number		12c
14 Other -1061		12d
		13 Statutory employee Retirement plan Third-party sick pay

e. Employee's name, address, and ZIP code

NANCY C MARTIN**DUIRAN AL**

15 State AL	Employer's state ID number	16 State wages, tips, etc. 657.84	17 State income tax 7.25
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

COPY C-For EMPLOYEE'S RECORDS

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Dept. of the Treasury -- IRS

(see Notice to Employee
on back of Copy B.)

c Employee's name, address, and ZIP code MANPOWER INTERNATIONAL, INC 5301 N IRONWOOD RD			C 12a C 12b C 12c C 12d	1. Wages, tips, other compensation 1,972.37	2. Total wages, tips, etc. 86.23	
MILWAUKEE WI 53201				3. Social security wages 1,972.37	4. Social security tax withheld 122.29	
13. Statutory employee <input type="checkbox"/> Retirement Plan <input type="checkbox"/> Third Party Sick Pay <input type="checkbox"/>				5. Medicare wages and tips 1,972.37	6. Medicare tax withheld 28.60	
e Employee's name, address, and ZIP code 0124 44400 4734172 B08 00142509 00142509 01/01				7. Social security tips	8. Allocated tips	
NANCY MARTIN				9. Advance EIC payment	10. Dependent care benefits	
DOOTHAN AL				11. Nonqualified plans		
				14. Other		
15. State GA	Employer's state ID. number	16. State wages, tips, etc. 1,972.37	17. State income tax 59.59	18. Local wages, tips, etc.	19. Local income tax	20. Locality name

Form W-2 Wage and Tax Statement 2006

Department of the Treasury - Internal Revenue Service

Copy B To Be Filed With Employee's FEDERAL Tax Return

Safe, accurate,
FAST! Use IRS 2007

OMB No. 1545-0008

Control Number	1 Wages, tips, other compensation 28918.27	2 Federal income tax withheld 1866.75
b Employer identification number	3 Social security wages 29012.67	4 Social security tax withheld 1798.79
c Employee's social security number	5 Medicare wages and tips -1061	6 Medicare tax withheld 420.68

d Employee's name, address and ZIP code

MOVIE GALLERY US, LLC
900 WEST MAIN STREET
DOOTHAN AL 36301

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a C D 94.40
12b C D	12c C D	12d C D
13 Statutory employee Employee Retirement Plan	14 Third Party Sick Pay	X

e Employee's name, address and ZIP code

NANCY C MARTIN**DOOTHAN AL**

2006	15 State AL	Employer's state I.D. no.	16 State wages, tips, etc. 28918.27
Form W-2			
Wage and Tax Statement			
Copy C For EMPLOYEES			
RECORDS (See Notice to Employee on back of Copy B.)			
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.			
Department of the Treasury - Internal Revenue Service			

c Employee's name, address, and ZIP code		
MANPOWER INTERNATIONAL, INC 5301 N IRONWOOD RD		
MILWAUKEE WI 53201		
12 Statutory employee	Retirement Plan	Third Party Sick Pay
e Employee's name, address, and ZIP code		
0124	44400 4734172	806 00142509 00142509 01/01
NANCY MARTIN		
DOOTHAN AL		
15 State GA	Employer's state I.D. number	16 State wages, tips, etc. 1,972.37
17 State income tax 59.59		

Form W-2 Wage and Tax Statement 2006

Department of the Treasury - Internal Revenue Service

OMB # 1545-0008

Copy B To Be Filed With Employee's FEDERAL Tax Ret

OMB No. 1545-0008

Form W-2 Wage and Tax Statement 20

7 Social security tips	1 Wages, tips, other compensation 657.84	2 Federal income tax withheld 9.2
8 Allocated tips	3 Social security wages 657.84	4 Social security tax withheld 40.7
9 Advance EIC payment	5 Medicare wages and tips 657.84	6 Medicare tax withheld 9.5

d Employee's name, address, and ZIP code

BELK, INC.
2801 WEST TYVOLA ROAD
CHARLOTTE NC 28217-4500

10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 C D
b Employer identification number (EIN)	12b C D	12c C D
d Employee's social security number	12d C D	13 Statutory employee Retirement plan Third party sick pay
-1061		

e Employee's name, address, and ZIP code

NANCY C MARTIN**DOOTHAN AL**

15 State AL	Employer's state ID number	16 State wages, tips, etc.	17 State income tax 657.84
7			
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

COPY C-For EMPLOYEE'S RECORDS

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Dept. of the Treasury

(see Notice to Employee on back of Copy C)

1 1,972.37	2 86.23		
3 Social security wages 1,972.37	4 Social security tax withheld 122.29		
5 Medicare wages and tips 1,972.37	6 Medicare tax withheld 28.60		
7 Social security tips	8 Allocated tips		
9 Advance EIC payment	10 Dependent care benefits		
11 Nonqualified plans	12a See instructions for box 12 C D		
14 Other	12b C D		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	



GEORGIA-PACIFIC LLC
Georgia-Pacific LLC
Atlanta, GA 30303

NANCY MARTIN

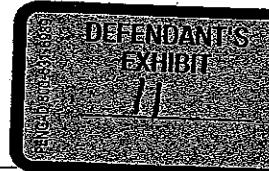
DOUTHAN, AL

	Company	Cost Center	Pers Area	Pers No	Period End	Pay Date	Check No
NANCY MARTIN	183	5650159357	2465	20049516	10/05/2007	10/05/2007	
Married	Allowances: 02	Additional: \$0.00	Federal				
Single	Allowances: 00	Additional: \$0.00	Alabama				
Ma.both wk	Allowances: 01	Additional: \$0.00	Georgia				
Earnings		Rate	Hours	Current		Year-To-Date	
Regular Earnings Hourly				1,615.38		196.86	
Regular Earnings Salary						28,269.15	
Spot Bonus- Supplemental						3,500.00	
Overtime St Time (Base)		9.50		191.81		5,703.69	
O/T Premium 50% Hrly Rate		9.50		95.95		2,853.29	
Total Earnings				1,903.14		40,522.99	
Imputed Income						84.96	
EE GTLI Taxable				5.31		84.96	
Total Imputed Income				5.31			
Flex				307.38		4,610.70	
Flex Benefit Allowance							
Non-Taxable Payments						166.96	
TEA Reimbursement				166.96		166.96	
Employee Reimburse(NoTax)						76.27	
Deductions (* Indicates Pre-Tax)							
*Health Care FSA				75.00-		1,125.00-	
*Dental Flex				37.00-		555.00-	
*Medical Flex P				423.50-		6,352.50-	
*Flex-LTD				11.55-		173.25-	
*Prescription Flex				97.00-		1,455.00-	
*Flex - AD&D				0.60-		9.00-	
*Flex - Life				12.25-		183.75-	
*Salary 401(k) pre-tax				209.35-		4,132.78-	
Flex-Spouse Life				5.40-		75.60-	
Total Deductions				871.65-		14,061.88-	
Taxable Wages							
Federal RE Withholding Tax				1,349.58		31,232.37	
Federal RE EE Social Security				1,558.93		35,365.15	
Federal RE EE Medicare Tax				1,558.93		35,365.15	
Georgia RE Withholding Tax				1,349.58		31,232.37	
Income Tax							
Federal TX Withholding Tax				87.53-		3,350.06-	
Federal TX EE Social Security				96.65-		2,192.64-	
Federal TX EE Medicare Tax				22.60-		512.79-	
Georgia TX Withholding Tax				66.28-		1,612.40-	
TOTAL TAXES				273.06-		7,667.89-	
Memo Items:							
401k Co Match				104.67		2,166.65	
401k Co Retire Contrib				85.64		1,823.51	
Net Pay							
Total Net Pay				1,232.77			
ARMY AVIATION CNTR FED C U				1,232.77			
						Checking	

COPY

DATE OF REVERSE 07-19-04
 MAGISTRATE A. Bayle
 SUPERVISOR Nancy Mante

ATTACH PAYMENT SCREEN
 OF EACH CASE INVOLVED TO
 TO SHOW ACTIONS



Posted money today to wrong case
 Case posted to today

Case reversed from _____

Case posted to correctly _____

Posted money today for wrong amount
 Case posted to and amount

132.50 Rec # 1076

Case reversed from and amount

132.50 RD- 1077

Case posted to correctly and amount

134.00 Re Post Rec
1077

Money posted to case in error in prior date
 Case reversed from and amount

Case posted to and amount

Other reason for reversal _____

CASE NUMBER _____ AMOUNT REVERSED 132.50

CASE NUMBER _____ AMOUNT REVERSED _____

CASE NUMBER _____ AMOUNT REVERSED _____

CASE NUMBER _____ AMOUNT POSTED 134.00

CASE NUMBER _____ AMOUNT POSTED _____

CASE NUMBER _____ AMOUNT POSTED _____

See attached

CITY
 Case # T
 Party Na
 Ticket #
 + +
TOTAL DU
 Fine:
 Otr/Cost
 Rest/Mis

TKDOLSA

Case Number:
 Party Name.:
 Ticket#...:
 Total Due:

Payment History Inquiry

7/20/04

Judge: EVANS-GORDON, ROSE
 Status.: RO Type: DF
 Agency: DOTH Officer: P496 Pty Stat: AC

134.00 Paid: 134.00 Bal Due: .00
 * FINES, OTHER/COSTS, & REST/MISC *

S Date	Md	Recpt #	Check #	Amount	Received from
7/19/04	MO	10762		132.50	G A
7/19/04	RV	10775		132.50-	MO Reversal # 0010762
7/19/04	CK	10776	1095919	134.00	G , A

Md: .. ?
 # Rece

Payor
 Violatio
 MUNI CRT
 SPEEDING

F3=Exit

Reversed

Reversal

F6=Totals

F9=History

F12=Return

Bottom

STATE OF ALABAMA
DOthan MUNICIPAL COURT
JULY 19, 2004

CASE NUMBER : TRAFFIC
DEFENDANT:

RECEIPT NUMBER:	10775
CITATION NUMBER:	M 7369255
COMMENT:	APPLIED WRONS AMOUNT
PAYMENT DATE:	7/19/04 6:00 PM
BY:	
PREV BALANCE:	\$255.00
REVERSE:	\$12.50
BALANCE DUE:	\$142.50
AMT TENDERED:	\$142.50
CHANGE DUE:	\$0.00

RECEIPT NUMBER: 10775 **CITATION NUMBER:** M 75625
COMMENT: POSTING CORRECTED
PAYMENT DATE: 7/19/04 6:01
BY:

CASE NUMBER : TRAFFIC
DEFENDANT :

RECEIPT NUMBER:

CITATION NUMBER: M 756255
COMMENT: BOSTON

COMMENT: APPLIED WRONG AMOUNT
PAYMENT DATE: 7/19/04 6:00 PM

By:

RECEIVED BY: SAB

RECEIVED BY: SAB *****
***** * * DEFENDANT COPY * *****
***** * * DEFENDANT COPY * *****

RECEIVED BY: SAB * * * * * DEFENDANT COPY * * * * *

ONE DAY AGO
WESTERN UNION MONEY ORDER

INTEGRATED PAYMENT SYSTEMS INC., ISSUER
Greenwood Village, Colorado
A WASHINGTON DIRECT BANKING COMPANY

AGENT 32299732 DATE 071404
FIRE 1254_03 LOCATION 000381 13400***

THIRTY-FOUR DOLLARS AND NO CENTS

The City of Dothan

840 COOPERSHUES APPRENTICESHIP

300-64 *Western Union Money Order and Delivery to Service men of Western Union Telegraph, Inc., members of White House Staff Grand Junction, Colorado*

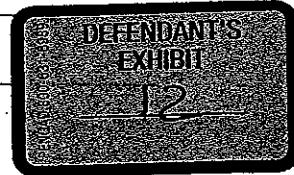
DATE OF REVERSE 9-07-04
 MAGISTRATE M BRACKIN
 SUPERVISOR N MARTIN

ATTACH PAYMENT SCREEN
 OF EACH CASE INVOLVED TO
 TO SHOW ACTIONS

Posted money today to wrong case
 Case posted to today

Case reversed from _____

Case posted to correctly _____



Posted money today for wrong amount
 Case posted to and amount _____

Case reversed from and amount _____

Case posted to correctly and amount _____

Money posted to case in error in prior date
 Case reversed from and amount _____

Case posted to and amount _____

Other reason for reversal took part for (say credit)

before pushing to A/c - part was a partial post.

PV part & reported after pushing to A/c to allocate more to proper
CASE NUMBER _____ AMOUNT REVERSED _____ fees/cost

CASE NUMBER _____ AMOUNT REVERSED #320.00

CASE NUMBER _____ AMOUNT REVERSED

* PV Recpt #12050 Re-reported Rec # 67019

CASE NUMBER _____ AMOUNT POSTED _____

CASE NUMBER _____ AMOUNT POSTED _____

CASE NUMBER _____ AMOUNT POSTED _____

DATE OF REVERSE 9-10-04
 MAGISTRATE McTurner
 SUPERVISOR N. Martin

ATTACH PAYMENT SCREEN
 OF EACH CASE INVOLVED TO
 TO SHOW ACTIONS

DEFENDANT'S
 EXHIBIT
13

Posted money today to wrong case
 Case posted to today _____

Case reversed from _____

Case posted to correctly _____

Posted money today for wrong amount
 Case posted to and amount _____

Case reversed from and amount _____

Case posted to correctly and amount _____

Money posted to case in error in prior date
 Case reversed from and amount _____

Case posted to and amount _____

Other reason for reversal showed as pd cash - but
was really days credit

CASE NUMBER _____ AMOUNT REVERSED 371.00

CASE NUMBER _____ AMOUNT REVERSED _____

CASE NUMBER _____ AMOUNT REVERSED _____

CASE NUMBER _____ AMOUNT POSTED _____

CASE NUMBER _____ AMOUNT POSTED _____

CASE NUMBER _____ AMOUNT POSTED _____

DATE OF REVERSE 9.23.04
 MAGISTRATE John T. Rogers
 SUPERVISOR Darren Mather

ATTACH PAYMENT SCREEN
 OF EACH CASE INVOLVED TO
 SHOW ACTIONS

Posted money today to wrong case
 Case posted to today _____

Case reversed from _____

Case posted to correctly _____

Posted money today for wrong amount
 Case posted to and amount _____

Case reversed from and amount _____

Case posted to correctly and amount _____

Money posted to case in error in prior date
 Case reversed from and amount _____

Case posted to and amount _____

Other reason for reversal reversed previous payment
So could show ~~fix~~ \$ to Civ Ct.

CASE NUMBER _____ AMOUNT REVERSED 958.50

CASE NUMBER _____ AMOUNT REVERSED _____

CASE NUMBER _____ AMOUNT REVERSED _____

CASE NUMBER _____ AMOUNT POSTED _____

CASE NUMBER _____ AMOUNT POSTED _____

CASE NUMBER _____ AMOUNT POSTED _____

DATE OF REVERSE 10-08-04
 MAGISTRATE Dre Bash
 SUPERVISOR Nancy Martin

ATTACH PAYMENT SCREEN
 OF EACH CASE INVOLVED TO
 TO SHOW ACTIONS

Posted money today to wrong case
 Case posted to today

Case reversed from _____

Case posted to correctly _____

Posted money today for wrong amount
 Case posted to and amount

Case reversed from and amount

Case posted to correctly and amount

Money posted to case in error in prior date
 Case reversed from and amount

Case posted to and amount

Other reason for reversal Minor in poss of Tobacco. Does not have
Court Cost. Poster \$50.00 which pd. Court Cost entitl 1st -

Reversed out - Suspended Court Cost & Reposted Amt received to Case
 CASE NUMBER _____ AMOUNT REVERSED _____ + Case
 Finalized

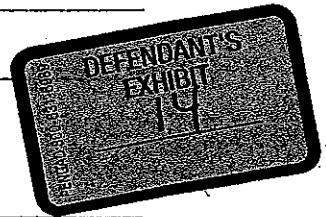
CASE NUMBER mc AMOUNT REVERSED _____

CASE NUMBER _____ AMOUNT REVERSED \$50.00

CASE NUMBER _____ AMOUNT POSTED _____

CASE NUMBER _____ AMOUNT POSTED _____

CASE NUMBER _____ AMOUNT POSTED \$50.00



**CITY OF DOTHAN MUNICIPAL COURT
CASE ACTION SUMMARY**

<CAS>

JAREVSC \$/\$

ACCOUNTS RECEIVABLE SYSTEM
RECEIPT# REVERSAL SELECTION10/08/04 MNCE04B
09:26:11 SABAXTER

File # 2004-2400

Case #:

File Status: FN

Party Name

Total Due 50.00
Reversal Date 10/08/04
Reversal Type ?

Total Paid 50.00 Balance Due .00

Reason

CASH PAYMENTS RECEIPT HISTORY

SELECT RECORD:

S#	Date	Md	Recpt #	Check #	Amount	Received From	Entry Person
1	10/08/04	CA	67909		50.00		SABAXTER
2	10/08/04	RV	424		50.00-		SABAXTER
3	10/05/04	CA	67854		50.00		SABAXTER R

TD = Trust Deposit DR = Trust Deposit Reversal R = Reversed Bottom
 F3=Exit T\$ = Trust Payout TR = Trust Payout Reversal F12=Previous

JAPRCDR A/R

ACCOUNTS RECEIVABLE SYSTEM
VIEW PAYMENT HISTORY

10/08/04 MNCE04B

09:29:19 SABAXTER

File Status: FN

File # 2004-2400

Party Name:

Total Due: 00

Select Record ...

S#	Payor/Transaction Type
1	SUSPEND
2	REVERSAL
3	
4	

Receipt Number	Date	Time	Amount	Pmt Mode	Check Number
67909	10/08/04	9:25	50.00	CA	
425	10/08/04	9:23	146.00-	SU	
424	10/08/04	9:23	50.00-	RV	
67854	10/05/04	11:03	50.00	CA	

T =Trust Tran * =Court Pmt

F8=File Hist F9=Money Summ F13=Source, F14=Detail F16=Others, F17=Events
 F3=Exit F6=Print Transaction History F7=Prt Selected Pmt History F12=Previous

Bottom

BRACKIN DEPOSITION

DEFENDANTS'
EXHIBITS 27, 28, 29

2003
FORM
40
RESIDENTS
AND PART-YEAR
RESIDENTS
Alabama
Individual
Income
Tax Return

For the year Jan. 1 - Dec. 31, 2003, or other tax year beginning _____ ending _____

Your first name and initial (if joint return, also give spouse's first name and initial)

Last name

Joseph A. + Mary E. Brackin

L
A
B
E
L
H
E
R
E
R

Present home address (number and street or P. O. Box number)

ABEL HERE

Your social security number

082

Spouse's soc. sec. no. if joint return

129

FN (For official use only)

DEFENDANT'S
EXHIBIT

2

**Filing Status
and
Exemptions**

Check only one box.

1	\$1,500 Single
2	\$3,000 Married filing joint return (even if only one spouse had income)
3	\$1,500 Married filing separate return. Complete line 5 with spouse's name and soc. sec. no.
4	\$3,000 Head of family (with qualifying person). (See page 7 of instructions.) Complete line 5.

5 Name _____
Soc. Sec. No. _____
Relationship _____

**Income
and
Adjustments**

6 Wages, salaries, tips, etc. (list each employer and address separately):

- a *City of Dothan 126 N. St. Andrews St. Dothan, AL 36303*
- b *City of Dothan 126 N. St. Andrews St. Dothan, AL 36303*
- c *United Parcel Service Inc. 55 Blankenship PKwy NE Atlanta, GA 30328*
- d _____

A - Alabama tax withheld	B - Income
6a <i>1415</i>	6a <i>37266</i>
6b <i>1247</i>	6b <i>33539</i>
6c <i>6</i>	6c <i>201</i>
6d <i>00</i>	6d <i>00</i>

7 Interest and dividend income (also attach Schedule B if over \$1,500) _____

8 Other income (from page 2, Part I, line 9) _____

9 Total income. Add amounts in the income column for line 6a through line 8 _____

10 Total adjustments to income (from page 2, Part II, line 8) _____

11 Adjusted gross income. Subtract line 10 from line 9 _____

Box a or b MUST be checked

12 Check box a, if you itemize deductions, and enter amount from Schedule A, line 26.
Check box b, if you do not itemize deductions, and enter standard deduction (see instr.)

► a Itemized Deductions

► b Standard Deduction

12 *15158* 00

13 Federal tax liability deduction (complete Part V, page 2) _____

13 *4181* 00

DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)

14 Personal exemption (from line 1, 2, 3, or 4) _____

14 *3000* 00

15 Dependent exemption (from page 2, Part III, line 2) _____

15 *600* 00

16 Total deductions. Add lines 12, 13, 14, and 15 _____

16 *23939*

17 Taxable income. Subtract line 16 from line 11 _____

17 *49004*

18 Income Tax due. Enter here and check if from Tax Table or Form NOL-85A _____

18 *2373*

19 Less credits from: Schedule CR and / or Schedule OC and / or Enterprise Zone Act (see instructions) _____

19 *0*

20a Net tax due Alabama. Subtract line 19 from line 18 _____

20a *2373*

b Consumer Use Tax (use worksheet on page 11) _____

20b *0*

21 You may make a voluntary contribution to any of the following: Alabama Election Campaign Fund

a Alabama Democratic Party \$1 \$2 none

b Alabama Republican Party \$1 \$2 none

c Neighbors Helping Neighbors \$

21a *0*

21b *0*

21c *2373*

22 Total tax liability and voluntary contribution. Add lines 20a, 20b, 21a, 21b, and 21c _____

22 *2373*

23 Alabama income tax withheld (from Forms W-2, W-2G, and/or 1099) _____

23 *2669* 00

24 Amount paid with extension (attach Form 4868A) _____

24 *00*

25 2003 estimated tax payments (see instructions on page 11) _____

25 *00*

26 Total payments. Add lines 23 through 25 _____

26 *2669*

**AMOUNT
YOU OWE**

27 If line 22 is larger than line 26, subtract line 26 from line 22, and enter AMOUNT YOU OWE.

CN

Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)

If paying by credit card do not include Form 40V and check here

28 Estimated tax penalty. Also include on line 27 (see instructions page 11) _____

28 *00*

796

OVERPAID

29 If line 26 is larger than line 22, subtract line 22 from line 26, and enter amount OVERPAID _____

29 *316*

30 Amount of line 29 to be applied to your 2004 estimated tax _____

30 *00*

Check-offs

31 You may donate all or part of your overpayment. (Enter \$1, \$5, \$10, \$25, none, or other amount in the appropriate boxes.)

a Senior Services Trust Fund 00 f AL Indian Children's Scholarship Fund 00

b AL Arts Development Fund 00 g Penny Trust Fund 00

c AL Nongame Wildlife Fund 00 h Foster Care Trust Fund 00

d Child Abuse Trust Fund 00 i Mental Health 00

e AL Veterans Program 00 j AL Breast & Cervical Cancer Program 00

k AL 4-H Club 00

PLEASE

- Verify your social security number
- Recheck your math
- Sign return on reverse side
- Attach W-2 form(s)

REFUND

32 Total. Add line 30 and lines 31a, b, c, d, e, f, g, h, i, j, and k _____

32 *0*

33 REFUNDED TO YOU. Subtract line 32 from line 29. (CAUTION: You must sign this return on the reverse side.)

33 *296*

316

Form 40 (2003)

Page 2

PART I**Other Income**
(see page 13)

- | | | |
|--|----|-----|
| 1 Alimony received. | 1 | 00 |
| 2 Business income or (loss) (attach Federal Schedule C or C-EZ) | 2 | 00 |
| 3 Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D) | 3 | 00 |
| 4a Total IRA distributions | 4a | 00 |
| 5a Total pensions and annuities | 5a | 00 |
| 6 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E) | 6 | 937 |
| 7 Farm income or (loss) (attach Federal Schedule F) | 7 | 00 |
| 8 Other income (state nature and source - see instructions) | 8 | 00 |

9 Total other income. Add lines 1 through 8. Enter here and also on page 1, line 8 ►

9 937 00

PART II**Adjustments to Income**

(see page 16)

- | | | |
|--|------|-----------|
| 1a Your IRA deduction | 1a | 00 |
| b Spouse's IRA deduction | 1b | 00 |
| 2 Payments to a Keogh retirement plan and self-employment SEP deduction | 2 | 00 |
| 3 Penalty on early withdrawal of savings | 3 | 00 |
| 4 Alimony paid. Recipient's last name | 4 | 00 |
| Address | City | State ZIP |
| 5 Adoption expenses | 5 | 00 |
| 6 Moving Expenses (Attach Federal Form 3903) to City | 6 | 00 |
| 7 Self-employed health insurance deduction | 7 | 00 |
| 8 Total adjustments. Add lines 1 through 7. Enter here and also on page 1, line 10 | 8 | 00 |

PART III**Dependents**

Do not include yourself or your spouse.

(See page 9)

1a Dependents (1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Did you provide more than one-half dependent's support?
—	—	2228 Step-Son	yes	2
—	—	8062 Son	yes	2

PART IV

- | | |
|--|--|
| 1 Residency | <input checked="" type="checkbox"/> Full Year If you were a part-year resident of Alabama during 2003, indicate your period of residence:
Check only one box <input type="checkbox"/> Part Year From _____ 2003 through _____ 2003 Total months _____ |
| 2 Did you file an Alabama income tax return for the year 2002? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3 If no, state reason. | |
| 4 Give name and address of present employer(s). Yours | City of Dothan 126 N. St. Andrews St. Dothan, AL 36303 |
| 5 Enter the Federal Adjusted Gross Income \$ | 66303 |
| Federal Individual Income Tax Return. | and Federal Taxable Income \$ 41857 as reported on your 2003 |
| 6 Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, enter source(s) and amount(s) below: (other than state income tax refund) |

Source	Amount	00
Source	Amount	00
1 Enter the Federal Income Liability as shown on your 2003 Federal return	1	4581
2 Enter your 2003 Federal Advance Child Tax Credit	2	400
3 Subtract line 2 from line 1; enter here and on line 13, page 1, Form 40	3	4181

 I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Daytime telephone number
()

Your occupation

Spouse's signature (if joint return, BOTH must sign)

Date

Daytime telephone number
()

Spouse's occupation

Preparer's signature

Date

Check if self-employed

Preparer's SSN or PTIN

Firm's name (or yours if self-employed) and address

E.I. No.

ZIP Code

If an addressed envelope came with your return, please use it and follow the instructions on the envelope. If you do not have one, mail your return to one of the addresses below:

If you are not making a payment, mail your return to:

Alabama Department of Revenue

P. O. Box 154

Montgomery, AL 36135-0001

If you are making a payment, mail your return, Form 40V, and payment to:

Alabama Department of Revenue

P.O. Box 2401

Montgomery, AL 36140-0001

Mail only your 2003 Form 40 to one of the above addresses. Prior year returns, amended returns, and all other correspondence should be mailed to:

Alabama Department of Revenue

WHERE TO FILE FORM 40

DEFENDANT'S
EXHIBIT
Z8

Form 1040

Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return 2005

(O) IRS Use Only

OMB No. 1545-0074

Label

(See instructions on page 16.)

Use the IRS label.

Otherwise, please print or type.

Presidential Election Campaign

LABEL HERE

For the year Jan. 1-Dec. 31, 2005, or other tax year beginning

, 2005, ending

20

Year tax was paid or due (if different from above)

Your first name and initial

Joseph A.

Last name

Brackin

If a joint return, spouse's first name and initial

Mary E.

Last name

Brackin

Home address (number and street). If you have a P.O. box, see page 16.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.

Dothan, AL

Apt. no.

Your social security number

0824

Spouse's social security number

11297

▲ You must enter your SSN(s) above. ▲

Checking a box below will not change your tax or refund.

You Spouse

Filing Status

Check only one box.

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) ►

- 1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above and full name here. ►
- 4 Head of household (with qualifying person). (See page 17.) the qualifying person is a child but not your dependent, enter this child's name here. ►
- 5 Qualifying widow(er) with dependent child (see page 17.)

Exemptions

- 6a Yourself. If someone can claim you as a dependent, do not check box 6a
 b Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) If qualifying child for child tax credit (see page 19)
		222B 5148 2301		<input type="checkbox"/>
		8062 5003		<input checked="" type="checkbox"/>

Boxes checked on 6a and 6b

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see page 20)

Dependents on 6c not entered above

Add numbers on lines above ►

4

d Total number of exemptions claimed

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 22.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2
 8a Taxable interest. Attach Schedule B if required
 b Tax-exempt interest. Do not include on line 8a
 9a Ordinary dividends. Attach Schedule B if required
 b Qualified dividends (see page 23)
 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23)
 11 Alimony received
 12 Business income or (loss). Attach Schedule C or C-EZ
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ►
 14 Other gains or (losses). Attach Form 4797
 15a IRA distributions 15a b Taxable amount (see page 25)
 16a Pensions and annuities 16a b Taxable amount (see page 25)
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
 18 Farm income or (loss). Attach Schedule F
 19 Unemployment compensation
 20a Social security benefits 20a b Taxable amount (see page 27)
 21 Other income. List type and amount (see page 29)
 22 Add the amounts in the far right column for lines 7 through 21. This is your total income ►

7 51676

8a 18

9a

10 410

11

12

13

14

15b

16b

17 573

18

19

20b

21

22 52677

Adjusted Gross Income

- 23 Educator expenses (see page 29)
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ
 25 Health savings account deduction. Attach Form 8889.
 26 Moving expenses. Attach Form 3903
 27 One-half of self-employment tax. Attach Schedule SE
 28 Self-employed SEP, SIMPLE, and qualified plans
 29 Self-employed health insurance deduction (see page 30)
 30 Penalty on early withdrawal of savings
 31a Alimony paid b Recipient's SSN ►
 32 IRA deduction (see page 31)
 33 Student loan interest deduction (see page 33)
 34 Tuition and fees deduction (see page 34)
 35 Domestic production activities deduction. Attach Form 8903
 36 Add lines 23 through 31a and 32 through 35
 37 Subtract line 36 from line 22. This is your adjusted gross income ►

Cat. No. 11320B Form 1040 (2005)

Form 1040 (2005)

Page

Tax and Credits**Standard Deduction for—**

- People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 36.

- All others:

Single or
Married filing
separately,
\$5,000

Married filing
jointly or
Qualifying
widow(er),
\$10,000

Head of
household,
\$7,300

Other Taxes**Payments**

If you have a
qualifying
child, attach
Schedule EIC.

Refund

Direct deposit?

See page 59
and fill in 73b,
73c, and 73d.**Amount You Owe****Third Party Designee****Sign Here**Joint return?
See page 17.Keep a copy
for your
records.**Paid Preparer's Use Only**

38	Amount from line 37 (adjusted gross income)	38	52677
39a	Check <input type="checkbox"/> You were born before January 2, 1941, <input type="checkbox"/> Blind; if <input type="checkbox"/> Spouse was born before January 2, 1941, <input type="checkbox"/> Blind. Total boxes checked ► 39a	39a	8
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here ► 39b	39b	
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	13699
41	Subtract line 40 from line 38	41	38978
42	If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see page 37. Otherwise, multiply \$3,200 by the total number of exemptions claimed on line 6d	42	12800
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	26178
44	Tax (see page 37). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	3196
45	Alternative minimum tax (see page 39). Attach Form 6251	45	5
46	Add lines 44 and 45	46	3196
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Credit for the elderly or the disabled. Attach Schedule R	49	
50	Education credits. Attach Form 8863	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit (see page 41). Attach Form 8901 if required	52	1000
53	Adoption credit. Attach Form 8839	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	54	
55	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	1000
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	2196
58	Self-employment tax. Attach Schedule SE	58	
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax	63	2196
64	Federal income tax withheld from Forms W-2 and 1099	64	4752
65	2005 estimated tax payments and amount applied from 2004 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election ► 66b	66b	
67	Excess social security and tier 1 RRTA tax withheld (see page 59)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see page 59)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Add lines 64, 65, 66a, and 67 through 70. These are your total payments	71	4752
72	If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid	72	2556
73a	Amount of line 72 you want refunded to you	73a	2556
b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number		
74	Amount of line 72 you want applied to your 2006 estimated tax	74	
75	Amount you owe. Subtract line 71 from line 63. For details on how to pay, see page 60	75	
76	Estimated tax penalty (see page 60)	76	

Do you want to allow another person to discuss this return with the IRS (see page 61)? Yes. Complete the following. No

Designee's name ► Phone no. ► () Personal identification number (PIN) ► ()

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Date Your occupation Daytime phone number ()

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation Daytime phone number ()

Preparer's signature Date Check if self-employed Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code EIN Phone no. ()

FORM 1099-G

**STATE OF ALABAMA
DEPARTMENT OF INDUSTRIAL RELATIONS
UNEMPLOYMENT COMPENSATION AGENCY
MONTGOMERY, ALABAMA 36131**

IMPORTANT TAX DOCUMENT

MARY BRACKIN

DOOTHAN AL

Payer's Name, Street, City, State, and ZIP Code		Certain Government Payments Copy B For Recipient <small>This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.</small>		
STATE OF ALABAMA DEPARTMENT OF INDUSTRIAL RELATIONS UNEMPLOYMENT COMPENSATION AGENCY 649 MONROE STREET MONTGOMERY, AL 36131				
Recipient's Identification Number <input type="text" value="-1297"/>		1 Unemployment Compensation 4,180.00	OMB No. 1545-0120 YR/2005	
Recipient's Name (first, middle, last) & Address MARY BRACKIN DOOTHAN AL		4 Federal Income Tax Withheld 418.00	5 ATAA Payments FEIN: 630674968	
Account Number (optional)				

Form 1099-G

Department of the Treasury - Internal Revenue Service

Instructions to Recipient

Box 1 – Shows the total unemployment compensation paid to you this year by the payer. This amount is taxable income to you. For more information, see the instructions for your Federal income tax return.

Box 4 – Shows the total amount of withholding you requested on unemployment compensation paid to you this year by the payer.

Box 5 – Shows the total amount of ATAA paid to this year by the payer.

Form 1040

Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2006

IRS Use Only—Do not

OMB No. 1545-0074

Label

(See instructions on page 16.)

Use the IRS label.

Otherwise, please print or type.

Presidential Election CampaignL
A
B
E
R

H
E
R
E

For the year Jan. 1-Dec. 31, 2006, or other tax year beginning

, 2006, ending

, 20

Form 1040 (2006)

Page

Tax and Credits		38. Amount from line 37 (adjusted gross income) 38	51853
Standard Deduction for—		39a. Check <input type="checkbox"/> You were born before January 2, 1942, <input type="checkbox"/> Blind Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1942, <input type="checkbox"/> Blind checked ► 39a	
• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 34.		b. If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here ► 39b	
• All others:		40. Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40	10300
Single or Married filing separately, \$5,150		41. Subtract line 40 from line 38 41	41553
Married filing jointly or Qualifying widow(er), \$10,300		42. If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see page 36. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d 42	9900
Head of household, \$7,550		43. Taxable Income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43	31653
		44. Tax (see page 36). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 44	3996
		45. Alternative minimum tax (see page 39). Attach Form 6251 45	0
		46. Add lines 44 and 45 46	3996
		47. Foreign tax credit. Attach Form 1116 if required 47	
		48. Credit for child and dependent care expenses. Attach Form 2441 48	
		49. Credit for the elderly or the disabled. Attach Schedule R 49	
		50. Education credits. Attach Form 8863 50	
		51. Retirement savings contributions credit. Attach Form 8880 51	
		52. Residential energy credits. Attach Form 5695 52	
		53. Child tax credit (see page 42). Attach Form 8901 if required 53	1000
		54. Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8839 c <input type="checkbox"/> Form 8859 54	
		55. Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form 55	
		56. Add lines 47 through 55. These are your total credits 56	1000
		57. Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- 57	2996
Other Taxes		58. Self-employment tax. Attach Schedule SE 58	274
		59. Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 59	
		60. Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 60	
		61. Advance earned income credit payments from Form(s) W-2, box 9 61	
		62. Household employment taxes. Attach Schedule H 62	
		63. Add lines 57 through 62. This is your total tax 63	3270
Payments		64. Federal income tax withheld from Forms W-2 and 1099 64	3870
		65. 2006 estimated tax payments and amount applied from 2005 return 65	
If you have a qualifying child, attach Schedule EIC.		66a. Earned income credit (EIC) 66a	
		b. Nontaxable combat pay election ► 66b 66b	
		67. Excess social security and tier 1 RRTA tax withheld (see page 60) 67	
		68. Additional child tax credit. Attach Form 8812 68	
		69. Amount paid with request for extension to file (see page 60) 69	
		70. Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885 70	
		71. Credit for federal telephone excise tax paid. Attach Form 8913 if required 71	
		72. Add lines 64, 65, 66a, and 67 through 71. These are your total payments 72	3870
Refund		73. If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid 73	6000
Direct deposit? See page 61 and fill in 74b, 74c, and 74d, or Form 8888.		74a. Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/> 74a	6000
		b. Routing number ► <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ► c. Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
		d. Account number ► <input type="checkbox"/>	
		75. Amount of line 73 you want applied to your 2007 estimated tax ► 75	
Amount You Owe		76. Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62 ► 76	
		77. Estimated tax penalty (see page 62) 77	
Third Party Designee		Do you want to allow another person to discuss this return with the IRS (see page 63)? <input type="checkbox"/> Yes. Complete the following.	
		Designee's name ►	Phone no. () Personal identification number (PIN) ►
Sign Here		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
Joint return? See page 17. Keep a copy for your records.		Your signature	Date Your occupation Daytime phone number ()
		Spouse's signature. If a joint return, both must sign.	Date Spouse's occupation ()
Paid Preparer's Use Only		Preparer's signature ►	Date Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN
		Firm's name (or yours if self-employed), address, and ZIP code ►	EIN Phone no. ()

FORM

40**Alabama 2006**
**Individual Income Tax Return
RESIDENTS & PART-YEAR RESIDENTS**

Tax year Jan. 1 - Dec. 31, 2006, or other tax year:		Beginning: ●	Ending: ●
Your social security number		Spouse's SSN if joint return	
• 0824		• -1297	
Your first name • Joseph	Initial A	Last name Bracken	
Spouse's first name • Mary	Initial E	Last name Bracken	
Present home address (number and street or P.O. Box number) •			
City, town or post office • Dothan		State AL	ZIP code

USE BLACK INK TO COMPLETE RETURN
**Filing Status
and
Exemptions**

Check only one box.

- 1 • \$1,500 Single
 2 • \$3,000 Married filing joint return (even if only one spouse had income)
 3 • \$1,500 Married filing separate return. Complete line 5 with spouse's name and soc. sec. no.
 4 • \$3,000 Head of family (with qualifying person). (See page 7 of instructions.) Complete line 5.

5 Name ●

Soc. Sec. No. ●

Relationship ●

**Income
and
Adjustments**

- 6 Wages, salaries, tips, etc. (list each employer and address separately):
 a Town of Newton 9 N. College St. Newton, AL 36352
 b Providence Chr. School 48447 Murphy Mill Rd. Dothan 36303
 c City of Headland 9 Park St. Headland, AL 36345
 d City of Dothan 526 N. St. Andrews St. Dothan, AL 36303
 7 Interest and dividend income (also attach Schedule B if over \$1,500)
 8 Other income (from page 2, Part I, line 9)
 9 Total income. Add amounts in the income column for line 6a through line 8
 10 Total adjustments to income (from page 2, Part II, line 8)
 11 Adjusted gross income. Subtract line 10 from line 9

A - Alabama tax withheld	B - Income
6a • 346 00	6a 10458
6b • 0 00	6b 00
6c • 341 00	6c 11369
6d • 1169 00	6d 30,104
7 • 51	7 • 51
8 • 1938	8 • 1938
9 • 54147	9 • 54147
10 • 0	10 • 0
11 • 54147	11 • 54147

Deductions

You Must Attach page 2 of Federal 1040, Federal 040A, Federal 1040NR, or page 1 of 1040EZ, if claiming a deduction on line 13.

- 12 Check box a, if you itemize deductions, and enter amount from Schedule A, line 26.
 Check box b, if you do not itemize deductions, and enter standard deduction (see instr.)
 • a Itemized Deductions • b Standard Deduction
 13 Federal tax deduction (see instructions) DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)
 14 Personal exemption (from line 1, 2, 3, or 4)
 15 Dependent exemption (from page 2, Part III, line 2)
 16 Total deductions. Add lines 12, 13, 14, and 15

Box a or b MUST be checked

12 • 11840 00	13 • 2996 00	14 • 3000 00	15 • 300 00
16 • 18136	17 • 36021	18 • 1723	19 • 0

Tax

Do Not Staple Form(s) W-2, W-2G, 1099, and/or 40V to this form.

- 17 Taxable income. Subtract line 16 from line 11
 18 Income Tax due. Enter amount from tax table or check if from • Form NOL-85A
 19 Less credits from: • Schedule CR and/or • Schedule OC
 20a Net tax due Alabama. Subtract line 19 from line 18
 b Consumer Use Tax (use worksheet on page 10)
 21 Alabama Election Campaign Fund. You may make a voluntary contribution to the following:
 a Alabama Democratic Party \$1 \$2 none
 b Alabama Republican Party \$1 \$2 none
 22 Total tax liability and voluntary contribution. Add lines 20a, 20b, 21a, and 21b

23 • 1886 00	24 • 00	25 • 00
26 • 1886	27 • 0	28 • 00

Payments

- 23 Alabama income tax withheld (from Forms W-2, W-2G, and/or 1099)
 24 Amount paid with extension (attach Form 4863A)
 25 2006 estimated tax payments (see instructions on page 11)

23 • 1886 00	24 • 00	25 • 00
26 • 1886	27 • 0	28 • 00

**AMOUNT
YOU OWE**

- 27 If line 22 is larger than line 26, subtract line 26 from line 22, and enter AMOUNT YOU OWE

Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)

27 •

- 28 Estimated tax penalty. Also include on line 27 (see instructions page 11)

28 • 00
29 • 0

OVERPAID

- 29 If line 26 is larger than line 22, subtract line 22 from line 26, and enter amount OVERPAID

29 • 0
30 • 00

**Donation
Check-offs**

- 30 Amount of line 29 to be applied to your 2007 estimated tax

30 • 00	31 • 00
32 • 0	33 • 0

IND

- 33 REFUNDED TO YOU. (CAUTION: You must sign this return on the reverse side.)

Subtract line 32 from line 29. For Direct Deposit, check here • and complete Part V, Page 2

33 •

133

**WHERE TO
FILE**
**FORM 40**

If an addressed envelope came with your return, please use it and follow the instructions on the envelope. If you do not have one, mail your return to one of the addresses below.

If you are not making a payment, mail your return to:

Alabama Department of Revenue
P. O. Box 154
Montgomery, AL 36135-0001

If you are making a payment, mail your return, Form 40V, and payment to:

Alabama Department of Revenue
P. O. Box 2401
Montgomery, AL 36140-0001

Mail only your 2006 Form 40 to one of the above addresses. Prior year returns, amended returns, and all other correspondence should be mailed to Alabama Department of Revenue P O Box 327464 Montgomery AL 36120-2746



Form 40 (2006)

Page

PART I
Other Income
(See page 12)

- 1 Alimony received.
- 2 Business income or (loss) (attach Federal Schedule C or C-EZ).
- 3 Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D).
- 4a Total IRA distributions 4a • 00 4b Taxable amount (see instructions).
- 5a Total pensions and annuities 5a • 00 5b Taxable amount (see instructions).
- 6 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E).
- 7 Farm income or (loss) (attach Federal Schedule F).
- 8 Other income (state nature and source — see instructions)

1	•	0
2	•	257
3	•	0
4b	•	0
5b	•	0
6	•	1681
7	•	0
8	•	0
9	•	1938
1a	•	0
1b	•	0
2	•	0
3	•	0
4	•	0
5	•	0
6	•	0
7	•	0
8	•	0

PART II
**Adjustments
to Income**
(See page 15)

- 1a Your IRA deduction.
- b Spouse's IRA deduction.
- 2 Payments to a Keogh retirement plan and self-employment SEP deduction.
- 3 Penalty on early withdrawal of savings.
- 4 Alimony paid. Recipient's last name _____ Social security no. • _____
- Address _____ City _____ State _____ ZIP _____
- 5 Adoption expenses _____
- 6 Moving Expenses (Attach Federal Form 3903) to City _____ State _____ ZIP _____
- 7 Self-employed health insurance deduction _____
- 8 Total adjustments. Add lines 1 through 7. Enter here and also on page 1, line 10.

1	•	0
2	•	0
3	•	0
4	•	0
5	•	0
6	•	0
7	•	0
8	•	0

PART III**Dependents**Do not include
yourself or
your spouse

(S) 9)

1a	Dependents: (1) _____ Last name _____	(2) Dependent's social security number. _____	(3) Dependent's relationship to you. Son	(4) Did you provide more than one-half dependent's support? Yes
1b	Total number of dependents claimed above _____	•	-8062	1
2	Amount allowed. (Multiply \$300 by the total number of dependents claimed on line 1b.) Enter amount here and on page 1, line 15.	2 •	300	00
				00

PART IV**General Information****All Taxpayers
Must Complete
This Section.**

- 1 Residency Full Year If you were a part-year resident of Alabama during 2006, indicate your period of residence:
Check only one box Part Year From _____ 2006 through _____ 2006. Total months _____
- 2 Did you file an Alabama income tax return for the year 2005? Yes No
- 3 If no, state reason.
- 4 Give name and address of present employer(s). Yours City of Dothan 126 N St. Andrews St. Dothan, AL 36303 Your Spouse's Town of Newton 9 N. College St. Newton, AL 36385
- 5 Enter the Federal Adjusted Gross Income •\$ 51853 and Federal Taxable Income •\$ 31653 as reported on your 2006 Federal Individual Income Tax Return.
- 6 Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)? Yes No
If yes, enter source(s) and amount(s) below: (other than state income tax refund)
Source _____ Amount _____
Source _____ Amount _____
- 7 Do you have income included in this return from a grantor trust? Yes No

For Direct Deposit of your refund, complete 1, 2, and 3 below. (See Page 16 of instructions to see if you qualify.)

- 1 Routing Number: 2 Type: Checking Savings
- 3 Account Number:

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature _____ Date _____ Daytime telephone number _____ Your occupation _____

Spouse's signature (if joint return, BOTH must sign) _____ Date _____ Daytime telephone number _____ Spouse's occupation _____

Preparer's signature _____ Date _____ Check if self-employed Preparer's SSN or PTIN _____

Firm's name (or yours if self-employed) _____ Daytime telephone number _____ E.I. No. _____

Address _____ ZIP Code _____

Keep a copy
of this return
for your records.**Paid
Preparer's
Use Only**

Form 1099-MISC

 CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.

WHATLEY & DARTY LLC

3116 ROSS CLARK CIRCLE
DOTHAN ALABAMA 36302
334-678-5818

PAYER'S federal identification number	RECIPIENT'S identification number
	0824

RECIPIENT'S name, address, and ZIP code

ALLEN BRACKIN

DOOTHAN, AL

Account number (see instructions)

OMB No. 1545-39-190

Form 1099-MISC 2006

Miscellaneous Income

Department of Treasury

1 Rents	2 Royalties	3 Other income
\$	\$	\$
4 Fed. inc. tax withheld	5 Fishing boat proceeds	6 Medical and health care payments
\$	\$	\$
7 Nonemployee compensation	8 Substitute payments in lieu of dividends/interest	9 Payer made direct sales \$5,000/more of consumer products to a buyer (recipient) for resale
\$ 797.77	\$	\$
10 Crop insurance proceeds	11	12
\$		
13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	15a Section 409A deferrals
\$	\$	\$
15b Section 409A income		\$
16 State tax withheld	17 State/Payer's state no.	18 State income
\$		\$
		\$

Copy B For Recipient (keep for your records)

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Form 1099-MISC

 CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no.

WHATLEY & DARTY LLC

3116 ROSS CLARK CIRCLE
DOOTHAN ALABAMA 36302
334-678-5818

PAYER'S federal identification number	RECIPIENT'S identification number
	0824

RECIPIENT'S name, address, and ZIP code

ALLEN BRACKIN

DOOTHAN, AL

Account number (see instructions)

OMB No. 1545-39-190

Form 1099-MISC 2006

Miscellaneous Income

Department of Treasury

1 Rents	2 Royalties	3 Other income
\$	\$	\$
4 Fed. income tax withheld	5 Fishing boat proceeds	6 Medical and health care payments
\$	\$	\$
7 Nonemployee compensation	8 Substitute payments in lieu of dividends/interest	9 Payer made direct sales \$5,000/more of consumer products to a buyer (recipient) for resale
\$ 797.77	\$	\$
10 Crop insurance proceeds	11	12
\$		
13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	15a Section 409A deferrals
\$	\$	\$
15b Section 409A income		\$
16 State tax withheld	17 State/Payer's state no.	18 State income
\$		\$
		\$

Copy 2

To be filed with recipient's state income tax return, when required.

6 FMISB2I NTF 2562950 Copyright 2006 Greatland/Netco - Forms Software Only

Instructions for Recipients

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Amounts shown may be subject to self-employment (SE) tax.

If your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 334, Tax Guide for Small Business, for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES, Estimated Tax for Individuals. Individuals must report as explained below. Corporations, fiduciaries, or partnerships report the amounts on the proper line of your tax return.

Boxes 1 and 2. Report rents from real estate on Schedule E (Form 1040). If you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business, report on Schedule C or C-EZ (Form 1040). For royalties on timber, coal, and iron ore, see Pub. 544, Sales and Other Dispositions of Assets.

Box 3. Generally, report this amount on the "Other income" line of Form 1040 and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525, Taxable and Nontaxable Income. If it is trade or business income, report this amount on Schedule C, C-EZ, or F (Form 1040).

Box 4. Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold at a 2% rate if you did not furnish your taxpayer identification number. See Form W-9, Request for Taxpayer Identification Number and Certification, for more information. Report this amount on your income tax return as tax withheld.

Box 5. An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C or C-EZ (Form 1040). See Pub. 595, Tax Highlights for Commercial Fishermen.

Box 6. For individuals, report on Schedule C or C-EZ (Form 1040).

Box 7. Shows nonemployee compensation. If you are in the trade or business catching fish, box 7 may show cash you received for the sale of fish. If payments in this box are SE income, report this amount on Schedule C, C-EZ, or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare taxes. Contact the payer you believe this form is incorrect or has been issued in error. If you believe you are an employee, report this amount on line 7 of Form 1040 and call the IRS for information on how to report any social security and Medicare taxes.

Box 8. Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Form 1040.

Box 9. If checked, \$5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C or C-EZ (Form 1040).

Box 10. Report this amount on line 8 of Schedule F (Form 1040).

Box 13. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 instructions for where to report this amount.

Box 14. Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

Box 15a. Shows current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A. Any earnings on current and prior year deferrals are also reported.

Box 15b. Shows income as a nonemployee under a NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently also included in this box. This income is also subject to a substantial additional tax to be reported on Form 1040. See "Total Tax" in the Form 1040 instructions.

Boxes 16-18. Shows state or local income tax withheld from the payment.

a Control No.		b Employer identification number (EIN)		QBMW2B2C 10/
c Employer's name, address, and ZIP code				OMB No. 1545-000
TOWN OF NEWTON 9 NORTH COLLEGE NEWTON AL 36352				
d Employee's social security number		1 Wgs, tips, other comp. 10657.50		2 Fed inc tax withheld 481.00
1297		3 Social security wages 10657.50		4 Medicare wages & tips 660.77
				5 Medicare tax withheld 154.53
		7 Social security tips		6 Advance EIC payment 154.53
		8 Allocated tips		
		10 Depndt care benefits		9 Nonqualified plans 12a
				11 Other 12b
				12c 12d
e Employee's name, address, and ZIP code		Suff.	13 Statutory employee <input type="checkbox"/>	14 Retirement plan <input type="checkbox"/>
MARY BETH BRACKIN DOOTHAN AL				
15 State Employer's state ID No.		16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.
AL		10657.50	346.24	19 Local income tax
				20 Locality na

Form W-1
Wage and
Tax Statement
2006

Copy C For
EMPLOYEE'S
RECORDS.
(See Notice to
Employee.)

Copy C For EMPLOYEE'S RECORDS
(See Notice to Employee on back of Copy B.) **2006** OMB No. 1545-0008

a Control number	1 Wages, tips, other comp. 27948.97	2 Federal income tax withheld 2295.51
	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN)	5 Medicare wages and tips 32035.70	6 Medicare tax withheld 1986.24
c Employer's name, address, and ZIP code	32035.70	

CITY OF DOOTHAN, ALABAMA
126 N ST ANDREWS
DOOTHAN AL
SS 0441
Employee's social security number
-0824

Employee's name, address, and ZIP code Suff.

JOSEPH A BRACKIN

DOTHAN	AL	8 Allocated tips	9 Advance EIC payment
Social security tips			
Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	12b Code
Statutory employee	14 Other	12c Code	12d Code
Retirement plan	PE 125I 125M	2156.73 2450.00 1459.88	1930.00
Third-party sick pay			

L	37882	30105.70	1169.38
State Employer's state I.D. #	16 State wages, tips, etc.	17 State income tax	
Local wages, tips, etc.	19 Local income tax	20 Locality name	

Copy D To Be Filled With Employee's State,
City, or Local Income Tax Return. **2006** OMB No. 1545-000

a Control number	1 Wages, tips, other comp. 27948.97	2 Federal income tax withheld 2295.51
	3 Social security wages	4 Social security tax withheld
b Employer ID number (EIN)	5 Medicare wages and tips 32035.70	6 Medicare tax withheld 1986.24
c Employer's name, address, and ZIP code	32035.70	

CITY OF DOOTHAN, ALABAMA
126 N ST ANDREWS
DOOTHAN AL
SS 0441
Employee's social security number
-0824

Employee's name, address, and ZIP code Suff.

JOSEPH A BRACKIN

DOTHAN	AL	8 Allocated tips	9 Advance EIC payment
Social security tips			
Dependent care benefits	11 Nonqualified plans	12a Code	12b Code
Statutory employee	14 Other	12c Code	12d Code
Retirement plan	PE 125I 125M	2156.73 2450.00 1459.88	1930.00
Third-party sick pay			

L	37882	30105.70	1169.38
State Employer's state I.D. #	16 State wages, tips, etc.	17 State income tax	
Local wages, tips, etc.	19 Local income tax	20 Locality name	

a Control number Brackin	OMB No. 1545-0008	This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.						
b Employer identification number (EIN)	1 Wages, tips, other compensation 11369.49 2 Federal income tax withheld 1093.45 3 Social security wages 11369.49 4 Social security tax withheld 704.89 5 Medicare wages and tips 11369.49 6 Medicare tax withheld 164.83 7 Social security tips 8 Allocated tips							
c Employer's name, address, and ZIP code City of Headland 9 Park Street Headland, AL 36345								
d Employee's social security number -1297	9 Advance EIC payment 10 Dependent care benefits							
e Employee's first name and initial Mary E	Last name Brackin	Suff.	11 Nonqualified plans 12a See instructions for box 12 12b 12c 12d					
			13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>			
			14 Other					
f Employee's address and ZIP code Dothan, AL Houston								
15 State AL	Employer's state ID number	16 State wages, tips, etc. 11369.49	17 State income tax 341.22	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

W-2 Wage and Tax Statement

Copy C—For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B.)

2006

Department of the Treasury—Internal Revenue Service

 Safe, accurate,
FAST! Use


a Control number 000264	Copy C—For EMPLOYEE'S RECORDS (see Notice to Employee on back of Copy B.) OMB No. 1545-0008							
b Employer identification number (EIN)	1 Wages, tips, other compensation 25.00 2 Federal income tax withheld							
c Employer's name, address, and ZIP code Providence Christian School 4847 Murphy Mill Road Dothan, AL 36303	3 Social security wages 25.00 4 Social security tax withheld 1.55 5 Medicare wages and tips 25.00 6 Medicare tax withheld 0.36 7 Social security tips 8 Allocated tips							
d Employee's social security number 1297	9 Advance EIC payment 10 Dependent care benefits							
e Employee's name, address, and ZIP code Mary E	Brackin	Suff.	11 Nonqualified plans 12a See instructions for box 12 12b 12c 12d					
			13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>			
			14 Other					
State AL	Employer's state ID number	16 State wages, tips, etc. 25.00	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

W-2 Wage and Tax Statement
2006

39-1908647 Department of the Treasury—Internal Revenue Service

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.